

L10006034978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

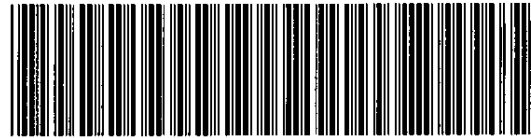
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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THAMPTON
Aug 4 2011
EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARIA Surgery CENTER, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JABA Jazmin KAZRAVAN
Name of Person

ARIA Surgery center, LLC
Firm/Company

2036 SW 1st st, Miami
Address

Miami FL, 33135
City/State and Zip Code

Jazmin_Ka@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JABA Jazmin KAZRAVAN at (305) 788-5078
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARIA Surgery Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March/31/2010 and assigned
Florida document number 210000034978

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2036 SW 1st street
Miami FL 33135

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

UABA Jazmin KAZRAVAN, RN

New Registered Office Address:

2036 SW 1st St Miami
Enter Florida street address
Miami, Florida 33135
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jazmin KazraVAN
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	SABA JAZMIN KAZRAVAN, RN	2036 SW 1st St Miami FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SABA JAZMIN KAZRAVAN, RN	2036 SW 1st St Miami FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Only Amending the Name:

SABA JAZMIN KAZRAVAN, RN

Dated

July / 29, 2011.

Signature of a member or authorized representative of a member

SABA JAZMIN KAZRAVAN, RN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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